



**CITY OF  
MOOSE JAW**

**CANCELLATION FORM**

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**INSTALLMENT PAYMENT PLAN SERVICE**

TIPPS (TAXES)  
ROLL # \_\_\_\_\_

WIPPS (WATER)  
ACCOUNT # \_\_\_\_\_ Book # \_\_\_\_\_

CIVIC ADDRESS: \_\_\_\_\_

I, \_\_\_\_\_, hereby give written notice to cancel the installment payment plan service indicated above, effective \_\_\_\_\_.

**The City of Moose Jaw requires two weeks to process all cancellations.**

I/we acknowledge that upon cancellation, surcharges as set out in the Penalty Discount and Surcharge bylaw may come into effect.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Print Name \_\_\_\_\_ Print Name \_\_\_\_\_

Signature \_\_\_\_\_ Signature \_\_\_\_\_

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Office Use Only:

Accepted on behalf of the City of Moose Jaw: \_\_\_\_\_

Date Received: \_\_\_\_\_